|  |  |                                  |                                       |                               |                      |                  |        | Application or Docket Number |                        |                |                  |                        |  |
|--|--|----------------------------------|---------------------------------------|-------------------------------|----------------------|------------------|--------|------------------------------|------------------------|----------------|------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003   |  |                                  |                                       |                               |                      |                  |        |                              | 0                      | 0705533        |                  |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                                  |                                       |                               |                      |                  |        | MALL E                       | NTITY                  | OR             | OTHER<br>SMALL I |                        |  |
| TOTAL CLAIMS   |  |                                  | 21                                    | _                             |                      |                  | Γ      | RATE                         | FEE                    |                | RATE             | FEE                    |  |
| FOR  |  |                                  | NUMBER FILED                          |                               | NUMBER EXTRA         |                  | Ī      | BASIC FE                     | € 385.00               | OR             | BASIC FEE        | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |                                  | ₩ minus 20=                           |                               | . 5                  |                  | Ī      | XS 9=                        |                        | OR             | XS18=            | 90-                    |  |
| INDEPENDENT CLAIMS   |  |                                  | <b>√</b> minus 3 =                    |                               | . 0                  |                  | ŀ      | X43=                         |                        | OR             | X86=             |                        |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM PR                    | RESENT                                |                               |                      |                  | ŀ      | .145                         |                        |                | +290=            |                        |  |
| <u> </u>   | the difference   | io column 1 is l                 | less than zero, enter "0" in column 2 |                               |                      |                  | L      | +145=                        |                        | OR             |                  | 2/                     |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                                  |                                       |                               |                      |                  |        | TOTAL                        |                        | OR             | TOTAL            | 860-                   |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)             |  |                                  |                                       |                               |                      | (Column 3)       |        | SMALL                        | ENTITY                 | OR             | OTHER<br>SMALL I |                        |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT |                                       | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE                         | ADDI-<br>TIONAL<br>FEE |                | RATE             | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 23                             | Minus                                 | -2                            | 5                    | =                |        | XS 9=                        |                        | OR             | XS18=            |                        |  |
|  | Independent  | . /                              | Minus                                 | *                             | 3 -                  |                  |        | X43=                         |                        | OR             | X86=             |                        |  |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |                                       |                               |                      |                  |        |                              | 1                      | 1              | +290=            |                        |  |
|  |  |                                  |                                       |                               |                      |                  |        | +145=                        |                        | OR             | TOTAL            |                        |  |
|  |  |                                  |                                       |                               |                      |                  |        | ODIT. FE                     |                        | JOR            | ADDIT. FEE       | L                      |  |
|  |  | (Column 1)                       |                                       |                               | mn 2)                | (Column 3)       | 1 r    |                              | 1 4001                 | 1              |                  | ADDI-                  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT  |                                       | NU.<br>PREVI                  | BER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |        | RATE                         | ADDI-<br>TIONAL<br>FEE |                | RATE             | TIONAL<br>FEE          |  |
|  | Total  | . 23                             | Minus                                 | - /                           | 75                   |                  |        | XS 9=                        |                        | OR             | X\$18=           | _                      |  |
|  | Independent  | . /                              | Minus                                 |                               | 3                    | -                | 11     | X-3=                         |                        | OR             | X86=             |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |                                       |                               |                      |                  |        | -:45=                        |                        | OR             | +290=            |                        |  |
|  |  |                                  |                                       |                               |                      |                  | L      |                              | :                      | OR             | TOTAL            |                        |  |
| 'Column 11 (Column 21 (Column 3)   |  |                                  |                                       |                               |                      |                  |        | בי דיספי                     | =                      | <b>J</b> • · · | ADDIT. FEE       | · L                    |  |
|  |  | Column 1)                        | 1                                     |                               | mn 21<br>4837        | (Column 3:       | ) r    |                              | ADDI-                  | 1              |                  | ADDI-                  |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>ALIENDMENT |                                       | PREVI                         | ABER<br>OUSLY<br>FOR | PRESENT          |        | RATE                         | TIONAL<br>FEE          |                | RATE             | TIONAL                 |  |
|  | Total  | •                                | Minus                                 | ••                            |                      |                  |        | XS 9=                        |                        | OR             | X\$18=           | i                      |  |
|  | Independent  | •                                | Minus                                 |                               |                      | <u> </u>         | 11     | X43=                         |                        | OR             | X86=             |                        |  |
| ٢  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |                                       |                               |                      |                  |        | -145=                        | +                      |                |                  | 1                      |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "" or column 3  |                                  |                                       |                               |                      |                  |        |                              |                        | OR             | +290=            |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is ess than 2 enter "2".  **If the "Highest Number Previously Paid For" IN THIS SPACE is ess than 2 enter "2". |                                  |                                       |                               |                      |                  |        |                              |                        |                |                  |                        |  |
|  | The "Highest Num   | nber Previously Pai              | d For (Total o                        | rindepend                     | teni) is th          | e highesi numbi  | er lou | end on the                   | appropriate bo         | ם תו א         | olumn 1          |                        |  |